

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO. <i>10/659931</i>	FILING DATE			
								APPLICANT (6)				
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		# IND.	# DEP.	# IND.	# DEP.	# IND.	# DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7							57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
24							74					
25							75					
26							76					
27							77					
28		/					78					
29		/					79					
30		/					80					
31		/					81					
32		/					82					
33		/					83					
34							84					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	19						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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